## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

Principal Place of Business 11749 N. DALE MABRY HWY. TAMPA FL 33618-3503  (8)  (8)  Mailing Address 11749 N. DALE MABRY HWY. TAMPA FL 33618-3503									
						3. Date Incorporated or Qualified 09/29/1987		te of Last R 01/1996	eport
<del></del> '	lace of Business	2a. Mailing Address	<del></del>			4. FEI Number 59-2849409	_12.79.	Ar	pplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						ot Applicable Additional	
22		27			<del></del>	5. Certificate of Status Desired			egulred
City & State	8	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	intangible		
24	9. Name and Address of Current	29 Registered Apont	30]			Florida Statutes  10. Name and Address of New Re	Yes [		
THE 725	BS, ROBERT S. LEGAL CENTER, SUITE 100 EAST KENNEDY BLVD. PA FL 33602		<u>.</u>	82 83	Name Stroot Addre	ess (P.O. Box Number is NoI Acceptal	ole) FL	<b>85</b> Zip i	Code
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati							changing it ointment as	s registered registered
12.	Signature, typod or printed name of registered agent OFFICERS AND		E: Registo(ed	Agon	signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	RS IN 12
TITLE	PST	DELETE	11 11	l F				Change	Addition
NAME	COUCH, DAVID 11749 N. DALE MABRY HWY.		1.2 NAM						
STREET ADDRESS CITY-ST-ZIP	TAMPA FL			REET A IY-ST-	DDRESS . ZIP				
TITLE	D	☐ DELETE	2.1 10		<del></del>			Change	Addition
NAME STREET ADDRESS	COUCH, DAVID 11749 N. DALE MABRY HWY. TAMPA FL	23:		2.2 NAME 2.3 STHEET ADDRESS 2.4 DITY-ST-ZIP					I
CITY-ST-ZIP TITLE	D	DELETE	3.1 (il)		- 218'			Change	Addition
NAME	COUCH, HELEN H.		3.2 N					-	-
STREET ADDRESS	5008 N. DALE MABRY HWY.				DDRESS				
CITY-ST-ZIP TITLE	TAMPA FL	DELFIE	3.4. ÇI 4.1 TİT		- 7IP			Change	Addition
NAME .		•	4 2 N/		ł				
STREET ADDRESS			4.3 5)1	REET A	,DDRESS				
CITY-ST-ZIP	<del></del>	<b></b>		IY-\$1-	- ZIP	·		<b>-</b>	·
TITLE NAME		☐ DELETE	5.1 T/TLE 5.2 NAME					Change	☐ Addition
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				IY- \$1-	ì				,
TITLE		DELETE	6111					Change	Addition
NAME			6.2 NA		}				
STREET ADDRESS					DDRFSS				
CITY-ST-ZIP	by certify that the information supplied	with this filing does not oual	fy for the	Y-ST- exen	notion stated	in Section 119.07(3)(i). Florida Statute	s. I further	certify that	the
informatio I am an o appears i	on indicated on this annual report or su fficer or director of the corporation or the n Block 12 or Block 13 if changed, o C	pplemental annual report is to receiver or trustee empoy on an attachment with an ad-	true and a vergil to e drops,	XECU	ale and that i te this report	my signature shall have the same leg as required by Chapter 107, Florida	al effect as Statutes; a	if made un nd that my r	der oath; that name